AMENDMENT TRANSMITTAL LETTER						Docket No. 0152-0549P	
Applicatio		Filing		Examin		Art Uni	
09/769,293-Co	nf. #004828	January 2	6, 2001	S. H. Le	3e	2876	
plicant(s): You	hiharu HINO e	t al.					
rention: NON-C	CONTACT IC N	MODULE					
Amendment mmissioner for 3. Box 1450 exandria, VA 22 ransmitted here	313-1450	ndment in the	above-identifi	ed application.			
he fae has beer	r calculated an						
	CLAIMS AS AMENDED Claims Highest						
	Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	7	- 20 =	0	× 50.00		0.00	
Independent Claims	1	- 3 =	0	х 200.00		0.00	
Multiple Depend	iont Claims (ch	ock if annlicabl	(a)				
		ock ir applicabl		***************************************			
Other fee (pleas	e specify):					***************************************	
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			0.00	
x Large Entity				Small Enti	ity		
x No additions	al fee is require	d for this amer	ndment.				
mil	ge Deposit Acc	accent Na	ie	the amount of \$			
	ge Deposit Acc popy of this she			rese associated a			
			is enclos	end			
4 check in th	10 011100111 01 0						
A check in the	acadit and C						
Payment by	credit card. Fi						
Payment by  X The Director	is hereby auth	orized to char	ge and credit	Deposit Account	No. 02-2	2448	
Payment by  X The Director as described	is hereby auth I below. A dup	orized to chargelicate copy of t	ge and credit		No02-2	2448	
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Payment by  X The Director as described  X Credit as	is hereby autification is hereby autification. A duping overpaymer any additional fill wio.: 32,881 ART, KOLASC e Road	norized to changlicate copy of the copy of	ge and credit this sheet is e in processing f	nalased. ees required unde	er 37 CFR 1.16	and 1.17.	